

PART B - FEE(S) TRANSMITTAL

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 SCHAUMBURG, IL 60196
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Nanette Orr	(Depositor's name)
<i>Nanette Orr</i>	(Signature)
<i>Xunuary 4 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,176	12/04/2001	Edward Benywhis	CE086251	2846

TITLE OF INVENTION: HIGH AVAILABILITY SYSTEM AND METHOD FOR IMPROVED INITIALIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/15/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHEN, ALAN S	3182	710-108000			

1. Change of correspondence address or Indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Jeffrey K. Jacobs

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Motorola, Inc.

Schaumburg, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Authorized Signature *Jeffrey K. Jacobs*Date *1/4/05*Typed or printed name *Jeffrey K. Jacobs*Registration No. *44,798*

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